

(Cont # 38 P. 2)

~~REDACTED~~

- 4.) VIA CORRESPONDENCE, THE (I.G.C.) SGT. M. MOODY INFORMED ME THAT ALL THE GRIEVANCES I FILED BEFORE I WAS SENT TO THE DELAWARE PSYCHIATRIC CENTER ON 5/20/04 UNTIL 6/25/04, WERE CLOSED BECAUSE I WAS REMOVED OUT OF THE SYSTEM OF THE D.O.C, EVEN THOUGH THE (I.G.C.) NEVER RECEIVED ANY NOTICE FROM THE COURT THAT I WASN'T GOING TO BE RETURNING TO THE D.O.C.
- 5.) APON RETURNING FROM THE DELAWARE PSYCHIATRIC CENTER, MY PROPERTY, IN WHICH CONTAINED MY COPIES OF THE GRIEVANCES I FILED, DID NOT GET DELIVERED TO ME, AND MY REQUEST TO RECEIVE COPIES FROM (H.R.Y.C.I.) WERE DENIED.
- 6.) HAVING TO GIVE MY GRIEVANCES TO THE SECURITY STAFF TO MAIL, THE SECURITY STAFF IS THEREFORE GRANTED THE OPPORTUNITY TO VIEW THE GRIEVANCES THAT I WAS ATTEMPTING TO FILE, FOR WHICH IF THE OFFICER DEEMED A GRIEVANCE DETRIMENTAL TO THEMSELF, THEIR CO-WORKERS, OR SOMETHING THEY WANTED TO REMAIN CONCEALED, IN WHICH GIVES REASON WHY MY INCOMING AND OUTGOING MAIL FROM THE D.O.C (ADMINISTRATION) OR THE (I.G.C.) WOULD NOT REACH ~~IN~~ ME OR ~~WHO~~ WHOM IT WAS INTENDED TOO.

(cont # 38 . P.3)

Paragraph # 38 define violations of my
patient rights as well as violations of my
8TH & 14TH U.S.C.A , said denial consist
of paragraphs 1-29

(Paragraph # 39)

CPL Lise M. Merson, the inmate grievance chairperson at the D.C.C., in her official capacity deliberately denied me the right to properly address my non-medical grievances in accordance to grievance procedure 4.4, by hindering and/or simply by denying me to be able to obtain an acceptable resolution.

- 1.) the regular grievances are ~~always~~ always returned months later, (photo copied as if they were never actually logged and documented), stating that my grievance is non-grievable for some sort of reason
- 2.) several of my medical grievances were simply not processed or returned.

Said denials caused me atypical and significant hardship, as stated in paragraph # 5, 26, 7, 25

Paragraph # 39. define violations of my patient rights as well as violations of my 8TH and 14TH U.S.C.A

(Paragraph # 40)

On Feb 11, 2005 while I was at the

New Castle County Superior Court, The H.R./C.I. warden Rachel Williams along with numerous correctional officers conducted a shake down of the entire I-E unit. Upon arriving from court, I discovered that numerous grievances as well as grievance related documents were removed from my property. I wrote correspondence to Stanley Taylor and Rachel Williams, in regards to having my documents returned, but my requests were simply ignored. I also submitted grievance in accordance to grievance procedure 4.4, but I received absolutely no response.

Said incident has prevented me from being able to present grievance date and numbers to complaints I have filed in regards to this action.

Paragraph # 40 defines violation of my
14TH U.S.C.A



More need psychiatric
help than ever, but
few are getting it

**Mental
health
patients
find little
help in Del.**

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
SGT. MARY MOODY
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DELAWARE 19801

THE FOLLOWING ARE GRIEVANCES THAT WERE RETURNED TO,
JIMMIE LEWIS, SBI # 506622 DEEMED AS NON-GRIEVABLE.

RE: D.D.O.C COMMISSIONER, STANLEY TAYLOR FAILING TO TRAIN,
SUPERVISE AND ACT UPON COMPLAINTS OF STAFF MEMBERS OF
THE D.D.O.C, STAFF MEMBERS OF (H.R.Y.C.I) AND STAFF MEMBER
OF (FIRST CORRECTIONAL MEDICAL), AS WELL AS FAILING TO ACT ON
COMPLAINTS OF UNCONSTITUTIONAL CONDITIONS OF CONFINEMENT,
DATE 12/29/04, # 04-10032.

RE: H.R.Y.C.I WARDEN, RAPHEL WILLIAMS FAILING TO TRAIN,
SUPERVISE AND ACT UPON COMPLAINTS OF STAFF MEMBERS OF THE
(H.R.Y.C.I) AND STAFF MEMBERS OF (FIRST CORRECTIONAL MEDICAL),
AS WELL AS FAILING TO ACT ON COMPLAINTS OF UNCONSTITUTIONAL
CONDITIONS OF CONFINEMENT; DATE 12/29/04, # 04-10033.

RE: MAJOR DAVE WILLIAMS OF H.R.Y.C.I, FOR FAILING TO TRAIN,
SUPERVISE AND ACT UPON COMPLAINTS OF UNJUSTIFIABLE
USES OF FORCE, APPROPRIATE PROTOCOL IN REGARDS TO MENTAL
HEALTH PATIENTS, AS WELL AS APPROPRIATE DISCIPLINARY PROCEDURES,
DATE 3/22/05, #'S 03-12783 AND 05-12784.

RE: BEING PLACED INTO ADMINISTRATIVE SEGREGATION BY CAPT DAVID -
BAMFORD WHILE ON PCO II STATUS, DATE 1/28/05 # 05-11267.

RE: LT. PHILIP PARKER GIVING ME A DISCIPLINARY HEARING WHILE ON
PCO II STATUS, DATE 1/28/05, # 05-11279.

RE: LT. JOSEPH SABATO CONDUCTING A DISCIPLINARY HEARING WHILE I WAS ON PCO II STATUS, DATE 1/28/05, # 05-11278.

RE: LT. SHEETS CONDUCTING A DISCIPLINARY HEARING WHILE I WAS ON PCO II STATUS, DATE 1/28/05, # 05-11257.

RE: LT S. FARMER CONDUCTING A DISCIPLINARY HEARING WHILE I WAS ON PCO II STATUS, DATE 1/28/05, # 05-11263.

RE: LT. MITCHELL CONDUCTING A DISCIPLINARY HEARING WHILE I WAS ON PCO II STATUS, DATE 1/28/05, # 05-11265.

RE: SGT. FRED WAY CONDUCTING A DISCIPLINARY HEARING WHILE I WAS ON PCO II STATUS, DATE 1/28/05, # 05-11258.

RE: SGT FRED WAY DELIBERATELY DENING ORDER PRESCRIBED BY MEDICAL STAFF, DATE 3/8/05, # 05-12241.

RE: SGT RICHARDS CONDUCTING A DISCIPLINARY HEARING WHILE I WAS ON PCO II STATUS, DATE 1/28/05, # 05-11268.

RE: BEING WROTE UP FOR DISCIPLINARY SANCTION WHILE I WAS ON PCO II STATUS, BY C/O D. YOUNG, DATE 1/28/05, # 05-11259.

RE: BEING DENIED ADEQUATE TIME WITH DOCTOR BY C/O WAYMAN, DATE 1/26/05, # 05-10867.

RE: A. ARMSTRONG GIVING ME A DISCIPLINARY SANCTION WHILE I WAS ON A MENTAL HEALTH POD, 1/26/05, # 05-11008 AND 1/28/05, # 05-11261.

RE: N. BORDLEY GIVING ME A DISCIPLINARY SANCTION WHILE I WAS ON PCO II STATUS, 1/28/05 # 05-11307.

RE: C/O TALENTI GIVING ME A DISCIPLINARY SANCTION WHILE I WAS IN THE INFIRMARY ON PCO II STATUS, DATE 1/28/05, # 05-11306.

RE: M. BLUE DENING ME WATER WHILE I WAS ON PCO II STATUS,

RE: M. BLUE NOT ALLOWING ME TO WASH MY HAND BEFORE MEALS, WHILE I WAS ON PCO II STATUS; 1/26/05, # 05-11021

RE: MS. NEWMAN NOT GIVING ME WATER WHILE I WAS ON PCO II STATUS, 1/26/05, # 05-11012

RE: MS. ~~NEWMAN~~ NOT ALLOWING ME TO WASH MY HANDS BEFORE MEALS, WHILE I WAS ON PCO II STATUS, 1/26/05, # 05-11019

RE: C/O TALENTI NOT ALLOWING ME TO WASH MY HANDS BEFORE MEALS, WHILE ON PCO II STATUS, 1/26/05, # 05-11020

~~RE:~~

RE: C/O TALENTI NOT GIVING ME WATER WHILE I WAS ON PCO II STATUS, DATE 3/22/05, # 05-12787. & 1/26/05, # 05-11011

STATE OF DELAWARE P. 1 OF 3
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
SGT. MARY MOODY
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH, STREET
WILMINGTON, DELAWARE 19801

THE FOLLOWING ARE MEDICAL GRIEVANCES AND MEDICAL RELATED GRIEVANCES, THAT WERE RETURNED TO JIMMIE LEWIS, SBI # 506622, DEEMED AS NON-GRIEVABLE.

RE: D.D.O.C COMMISSIONER, STANLEY TAYLOR, DATE 12/29/04, # 04-10032.

RE: H.R.Y.C.I. WARDEN, RAPHEL WILLIAMS, DATE 12/29/04, # 04-10033.

RE: COMPLAINT OF NOT RECEIVING MEDICAL TREATMENT WHEN I VERBALLY REQUESTED IT, WHILE I WAS ON PCO II STATUS, DATE 12/20/04, # 04-9686.

RE: COMPLAINT OF NOT BEING ALLOWED TO WASH MY HAND BEFORE MEALS WERE SERVED, WHILE I WAS ON PCO II STATUS, DUE TO NO SINKS BEING INSIDE OF THE PSYCH OBSERVATION ROOM(S) #'S 196 AND 197, DATE 12/16/04, # 04-9697.

RE: COMPLAINT OF PAPER GOWNS LEAVING ME PHYSICALLY EXPOSED AND COLD, IN REGARDS TO MY RECEIVING DISCIPLINARY WRITE UPS, DATE; 1/17/05, # 05-11026, AND DATE 1/28/05, # 05-11286.

RE: COMPLAINT REGARDING MENTAL HEALTH PROVIDING SUPERVISION DURING ~~ADMINISTRATIVE~~ SUPERIOR COURT PROCEDURES, ADMINISTRATIVE - INTERVIEWS, AND DISCIPLINARY PROCEDURES, DATE 2/8/05, # 05-11291.

P. 2 OF 3

- RE: NURSES WEARING GLOVES WHEN PASSING OUT MEDICATION OR DURING TRIAGE EXAMINATIONS, DATE 12/16/04, #04-9798.
- RE: COMPLAINT ON NOT BEING ALLOWED TO PRACTICE HYGIENE WHILE ON PCO II STATUS, DATE 12/15/04, #04-9645, #9797.
- RE: COMPLAINT OF THERE NOT BEING A MENTAL HEALTH CARE PROVIDER ON DUTY AND OR IN THE INFIRMARY TO SUPERVISE MY INFIRMARY ADMISSION, DATE 3/22/05, #05-12801.
- RE: COMPLAINT OF NOT RECEIVING A GRIEVANCE HEARING FOR THE MEDICAL GRIEVANCES I FILED, DATE 1/16/05, #05-10855.
- RE: COMPLAINT OF P.A FISH WRITING A MEMORANDUM THAT DIDNT ALLOW ME TO RECEIVE LEGAL HELP FROM THE PARALEGAL, OR SEND OR RECEIVE LEGAL MAIL WHILE I WAS ON PCO II STATUS, DATE 1/28/05, #05-11277.
- RE: COMPLAINT OF THERE NOT BEING A MENTAL HEALTH CARE PROVIDER ON DUTY 24 HOURS A DAY, PRIMARILY 12:00 AM TO 8:00 AM - SHIFT, WHEN I EXPERIENCE MOST OF MY PSYCHOLOGICAL DILEMMAS, DATE 1/28/05, #05-11289.
- RE: COMPLAINT OF NOT RECEIVING A COMPETENCY ASSESSMENT AND OR EVALUATION BEFORE BEING SUBJECTED TO ANY LEGAL OR DISCIPLINARY PROCEDURE, DATE 1/28/05, #05-11270.
- RE: COMPLAINT THAT PSYCH OBSERVATION ROOMS #196 AND 197 WEREN'T ACTUALLY SAFE BECAUSE THEY ARE NOT PADDED OR - RUBBERIZED, DATE 1/28/05, #05-11280.
- RE: COMPLAINT OF NOT RECEIVING LEGAL ~~HEALTH~~ HELP FROM MENTAL-HEALTH, DUE TO PA FISH DENING ME LEGAL HELP FROM THE PARALEGAL, DATE 1-17-05, #05-11038.

P. 3 OF 3

RE: THE FOLLOWING ARE MEDICAL GRIEVANCES THAT WERE RETURNED TO JIMMIE LEWIS, SBI #506622, IN WHICH WERE IN REGARDS TO BEING ASSIGNED TO PSYCH OBSERVATION ROOMS # 196 & 197 THAT WERE FILTHY WITH MUCUS, FECES, URINE, BLOOD AND OTHER COMMUNICABLE GERMS RESPONSIBLE FOR GETTING ME SICK ON NUMEROUS OCCASIONS, DUE MOST TO THE FACT THAT SAID ROOMS ARE NOT FURNISHED WITH SINKS OR TOILETS TO PROPER DISPOSE OF BODILY FLUID AND WASTE.

THESE MEDICAL GRIEVANCES ARE ALSO COMPLAINTS TO SAID ROOMS BEING EITHER TO HOT IN THE SUMMER OR TO COLD IN THE WINTER, SAID COMPLAINTS ALSO ADDRESS INADEQUATE ATTIRE THAT IS ISSUE APON ADMISSION; AS WELL AS STAFF MEMBERS NO BEING PROPERLY TRAINED TO PROVIDE MENTAL HEALTH CARE. ALL OF THE STATED COMPLAINTS WERE SUBMITTED ON GRIEVANCES IN ORDER TO OBTAIN AN EXCEPTABLE RESOLUTION, BUT ALL WERE DEEMED NON-GRIEVABLE.

GRIEVANCE #'S, 04-9696, 05-11290, 04-9644, 04-9837,
05-11260, 05-11022, 04-9687, 05-10866,
05-11023, 05-11021, 05-11019, 05-11012,
05-11011, 05-11020, 05-11280, 05-11038,
05-11762, 04, 9839.

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: Jimmie Lewis Inf.
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 5-17-04
RE: GRIEVANCE # 04- 3382

Please be advised that your grievance has been received in the office of the Grievance Chair regarding being threatened.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Resident Grievance Committee (RGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis.

Thank you for your patience.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate James Lewis 1-E
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 2-3-05
RE: YOUR RECENT MEDICAL GRIEVANCE #05- 11626

This memo is to inform you that the grievance submitted by you dated 1-17-05, regarding Safety attire for PCO status is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____.
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☒ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Captain Jefferson
- ☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.
- ☒ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance. A copy of this grievance has been forwarded to First Correctional Medical for review.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 2-3-05

RE: YOUR RECENT GRIEVANCE #05- 11025

This memo is to inform you that the grievance submitted by you dated 1-18-05, regarding disciplinary procedures on PCC is not grievable for the following reason(s):

☐ The complaint was addressed by the IGC: _____.

☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

☒ **Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.**

☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:

☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.

☒ **Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.**

☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1E
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 2-3-05
RE: YOUR RECENT MEDICAL GRIEVANCE #05- 11024

This memo is to inform you that the grievance submitted by you dated 1-17-05, regarding medical concern(s) is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____.
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the hearing decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: _____.
- ☒ This is an issue/complaint that has already been grieved by you or another inmate. #11023
- ☒ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.
- ☐ Action request is inappropriate or not completed. Inmate must make an actual request, such as,

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E 15

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 12-23-04

RE: YOUR RECENT GRIEVANCE #04- 993

This memo is to inform you that the grievance submitted by you dated 12-22-04, regarding grievance is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____.
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the hearing decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:
- ☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.
- ☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

___ Action request is inappropriate or not completed. Inmate must make an actual request, such as, request that an investigation be conducted (inmates are not forwarded results of investigations that involve staff conduct).

___ Documentation must be attached to the grievance when it is resubmitted that supports allegations/complaint, such as commissary receipts, Form 537, etc. The IGC will make copies of items submitted with the grievance and return the originals to the inmate.

___ This complaint should be addressed by submitting a sick call slip. If you are experiencing any type medical condition, please submit a sick call slip.

X Other: I/M Lewis, requests are not processed through the grievance procedure. The Inmate Grievance Chair has informed you that you need to write to the Office of the Security Superintendent and request copies of grievances. If your request is approved, copies will be sent.

___ Other: Please be advised that you have submitted your grievance on the wrong form. Please re-submit using the correct grievance form.

cc: file

_____ Action request is inappropriate or not completed. Inmate must make an actual request, such as, request that an investigation be conducted (inmates are not forwarded results of investigations that involve staff conduct).

_____ Documentation must be attached to the grievance when it is resubmitted that supports allegations/complaint, such as commissary receipts, Form 537, etc. The IGC will make copies of items submitted with the grievance and return the originals to the inmate.

_____ This complaint should be addressed by submitting a sick call slip. If you are experiencing any type medical condition, please submit a sick call slip.

☒ Other: I/M Lewis, your request to have IGC present memo to Inmate Grievance Committee is denied. In accordance with the Inmate Grievance Procedure 4.4, the grievances you are referring to were photocopies. Because you sent two identical grievances, one was marked a duplicate and you were notified. Original grievances must be submitted. Photocopies are not accepted. Your original grievance was received and forwarded to the Medical Department for processing as well as the Security Superintendent for review. Also, in accordance with the IGP 4.4, prior to any grievance going before the Medical/Resident Grievance Committee, a first step investigation is completed. Once the investigation is complete and you do not agree with the informal resolution, then a hearing is scheduled. I/M Lewis, I assure you that your grievances are being processed in accordance with the procedure. However, if you would follow the procedure by attempting to resolve issues and submit sick-call slips, it would lessen duplicate issues that you submit.

_____ Other: Please be advised that you have submitted your grievance on the wrong form. Please re-submit using the correct grievance form.

cc: file

FORM #585

MEDICAL GRIEVANCEFACILITY: H.R.V.C.IDATE SUBMITTED: 1/28/05INMATE'S NAME: JIMMIE LEWISSBI#: 506622

HOUSING UNIT: _____

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

The mental health staff are my chronic case mental health providers, for which gives reason why I request that I receive mental health supervision during Superior Court procedures, Administrative procedures and or disciplinary procedures, but my every request has been ignored.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

ACTION REQUESTED BY GRIEVANT: I seek to obtain someone from the mental health department to represent me when I am incompetent to partake in said procedures.

cc: Stanley Taylor
Raghet Williams
Mayor Dave Williams

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCEFACILITY: H.R.Y.C.I.DATE SUBMITTED: 1/28/05INMATE'S NAME: JIMMIE LEWISSBI#: 506622

HOUSING UNIT: _____

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

J.A. Fish wrote a memorandum that prohibits me from receive legal assistance, sending or receiving legal mail while I am housed in the infirmary. This is a violation of my patient rights, as well as my 6th, 8th and 14th U.S.C.A

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

ACTION REQUESTED BY GRIEVANT: I seek to have this matter investigated in order to obtain an acceptable resolution.

DATE RECEIVED BY MEDICAL UNIT: _____

cc: Stanley Taylor
Raguel Williams
Major Dave Williams

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCEFACILITY: 17.R.Y.C.IDATE SUBMITTED: 1/28/05INMATE'S NAME: Jimmie LewisSBI#: 506622

HOUSING UNIT: _____

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

There isn't a mental health care provider
in the infirmary on a 24 hour basis
to provide me with mental health treatment,
to facilitate recreational relief, or to
provide me with drinking water or call
my attorney or family to inform them of
my condition

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

ACTION REQUESTED BY GRIEVANT: I seek to have this matter
investigated in order to obtain an
acceptable resolution.

DATE RECEIVED BY MEDICAL UNIT: _____

cc: Stanley Taylor
Rachel Williams
Major Dove Williams

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCEFACILITY: H.R.Y.C.I.

DATE SUBMITTED: _____

INMATE'S NAME: Jimmie LewisSBI#: 506622HOUSING UNIT: 1E-15

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 1/28/05

TYPE OF MEDICAL PROBLEM:

The paper gowns that are provide for PCO II patients are so thin that they tear and leave me physically exposed for disciplinary infractions as well as causes my skin to come in contact with cold concrete and or plastic surfaces that im forced to sleep on because there is no bedding in the psych close observation rooms during the frigid cold winter season.

GRIEVANT'S SIGNATURE: Jimmie Lewis

DATE: _____

ACTION REQUESTED BY GRIEVANT: I seek to have this matter investigated in order to obtain an acceptable resolution.

DATE RECEIVED BY MEDICAL UNIT: _____

cc: Stanley Taylor
Ragbel Williams
Major Dane Will

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 1/26/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O Wayman denies me the opportunity to consult with the physician by coming to my assigned cell just minutes before institution count, rushes me to the infirmary, then abruptly ends my visit before I am able to be examined, stating it's count time. C/O Wayman explained that the medical Department wrote a memo stating not to provide me with medical treatment, that's why he does it.

ACTION REQUESTED BY GRIEVANT: I seek to have this matter investigated in order to obtain an acceptable resolution

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/26/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raguel Williams

April '97 REV

-Major Done Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.V.C.I DATE: 1/28/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

LT. S. Farmer has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Joshi, by conducting a disciplinary hearing in regards to a disciplinary infraction that occurred while I was in the infirmary psych close observation room on PCO II status, without first conducting a competency hearing or first consulting with Dr. Joshi for a psychological assessment.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated, in order to insure that my psychological treatment isn't interfered with

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raghel Williams

April '97 REV

Major Dane Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I. DATE: 1/28/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

LT. Joseph Sabato has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Josh, by conducting a disciplinary hearing while I was in the infirmary placed close observation room on PCO II status, without first consulting with Dr. Josh, for a psychological assessment, or first conducting a competency hearing.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to insure that my psychological treatment not interfered with

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raphel Williams
Mayor Dave Williams

April '97 REV

FORM #584

GRIEVANCE FORMFACILITY: H.R.V.C.IDATE: 1/28/05GRIEVANT'S NAME: Jimmie LewisSBI#: 506622

CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

LT Philip Parker has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Joshi, by conducting a disciplinary procedure (Hearing) while I was in the infirmary psych close observation room on PCO II status, without first consulting with Dr. Joshi for a psychological assessment or first conducting a competency hearing.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated, in order to insure that my psychological treatment isn't interfered with

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raphael Williams
Major Dave Williams

April '97 REV

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.IDATE: 1/28/05GRIEVANT'S NAME: Jimmie LewisSBI#: 506622

CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 1-E 15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Capt David Bamford has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr Joshi, by placing me on Administrative Segregation, while I was in the infirmary psych close observation room on PCO II status, without first consulting with Dr Joshi for a psychological assessment or first conducting a competency hearing

ACTION REQUESTED BY GRIEVANT:

I want this matter to be investigated, in order to insure that my psychological treatment isn't interfered with

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED?

_____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raghel Williams
Mayor Dave Williams

FORM #585

MEDICAL GRIEVANCE

FACILITY: H.R.Y.C.I

DATE SUBMITTED: 12/14/04

INMATE'S NAME: JIMMIE LEWIS

SBI#: 506622

HOUSING UNIT: INFIRMARY 193

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 12/14/04 9:00 A.M

TYPE OF MEDICAL PROBLEM:

WHAT DO I HAVE TO DO IN ORDER TO RECEIVE
MEDICAL TREATMENT WHEN IM ON PCO II STATUS.

GRIEVANT'S SIGNATURE: Jimmie Lewis

DATE: 12/14/04

ACTION REQUESTED BY GRIEVANT: I WANT THIS MATTER TO BE
INVESTIGATED IN ORDER SO THAT AN EXCEPTABLE
RESOLUTION CAN BE OBTAINED

DATE RECEIVED BY MEDICAL UNIT: _____

CCTO: D.O.C COMMISSIONER
WARDEN H.R.Y.C.I
T.G.C SGT. MOODY

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING. M.G.C F.C.M
DE. CENTER FOR JUSTICE

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 12/29/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Stanley Taylor in his official capacity has failed to properly train, supervise, act or control the following D.O.C. employees, Rachel Williams, Dave Williams, David Bamford, Mark Emig, Mr Bergsrum, Dr Boston, Dr Ali, Dr Jodi, P.A FISH, Dr Arumburo, Donald Nagelin, ~~Dr. [unclear]~~, Debra Muskanelli, Georgia Sutton, nor has Stanley Taylor corrected said inhumane living conditions or corrected said unconstitutional policies and or behavior of staff members, said failures have violated my patient right as well as my U.S.C.A. rights

ACTION REQUESTED BY GRIEVANT: I seek to obtain an acceptable resolution, in regards to said complaints I forwarded via correspondence as well as via grievance procedure 4.4

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 12/29/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.F DATE: 12/29/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Razhel Williams in his official capacity has failed to properly train, supervise, act or control the following D.O.C employees, Dave Williams, Donald Nagolin, David Bamford, Mark Emig, Mrs Bergman, Dr Boston, Dr Ali, Dr Jooki, P.A Fion, Dr Ahumbaro, Debra Muscarelli, Georgia Sutton, nor has Razhel Williams, corrected said inhumane living conditions or corrected said unconstitutional policies and or behavior of staff members, said failure have violated my patient rights as well as my U.S.C.A rights

ACTION REQUESTED BY GRIEVANT: I seek to obtain an exceptable resolution, in regards to said complaint I forward via correspondence as well as via grievance procedure 4.4.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 12/29/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I. DATE: 3/22/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: _____

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Mayor Dave Williams in his official capacity failed to properly train, supervise, act or control the following D.O.C. employees, David Bamford, Philip Parker, Mr. Talenti, Mr. Newman, Mark Blue, N. Bordley, A. Asotrong, C. Richards, Fred Way, LT Mitchell, S. Garner, Joseph Sabato, Mary Moody, Capt. Jefferson, Sgt Lewis, N. Moines, A. Davis, Fred Way, Mr. Hariford, B. Aya, C/o Mace, C/o Cannon, C/o Massner, C/o Hardgrave, T. Chaffes, V. Williams, Cpl Chazel, Sgt Medford, C/o Rhesley, M. Renoldys, C/o Rodriguez, C/o Soul, C/o Cumberland, C/o M. Ince.

ACTION REQUESTED BY GRIEVANT: I want complaints I have filed via grievance procedure 4.4 to be thoroughly investigated by internal affairs, in order to factually determine if said correctional officers have indeed committed criminal and civil offenses against me in accordance to my claims

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 3/22/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raphel Williams

FORM #585

MEDICAL GRIEVANCEFACILITY: M. P. C. J. FDATE SUBMITTED: 9/14/03INMATE'S NAME: JIMMIE LEWISSBI#: 506422HOUSING UNIT: 1-F

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: AUG 2003

TYPE OF MEDICAL PROBLEM:

THERE IS A CONFLICT OF PROTOCOL, BECAUSE EVERY NURSE I SPEAK TO
REFERS ME TO C/O MR. TALENTI, C/O MS. NEWMAN OF THE 8 TO 4 SHIFT
AND C/O MR. BLUE OF THE 4 TO 12 SHIFT, WHO WILL NOT GIVE ME DRINKING
WATER. I HAVE ALSO REQUESTED OF THESE SAME OFFICERS TO ALLOW
ME TO WASH MY HANDS WITH SOAP AND WATER BEFORE MEALS ARE
SERVED, BUT IM ALWAYS DENIED. FURTHERMORE, I REQUEST TO HAVE
THE ROOM(S) FLOOR AND WALL THOROUGHLY SANITIZED DUE TO
THEM BEING STAINED WITH BLOOD, FECES AND MUCKS.
I BELIEVE THIS IS THE HOST OF MY BEING PHYSICALLY ILL.

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 9/14/03

ACTION REQUESTED BY GRIEVANT: IN REGARDS TO MY UNSTABLE CRONIC MENTAL
ILLNESS, I REQUEST NOT TO BE SUBJECTED TO CONDITIONS
THAT MAKE FEEL WORSE THAN I INITIALLY DID APON
BEING ADMITTED INTO THE INFIRMARY/ FOR TREATMENT.

DATE RECEIVED BY MEDICAL UNIT: _____

cc: Stanley Taylor
 Rachel Williams
 Major Dave Williams

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.